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20. 2007 4:39PM Frishauf & Partners +12123195101 PART B - FEE(S) TRANSMITTAL Complete and nd this form, together when applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 DEC 2 0 2007 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 the form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 1933 7590 09/26/2007 Certificate of Mailing or Transmission FRISHAUF, HOLTZ, GOODMAN & CHICK, PC I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 220 Fifth Avenue 16TH Floor NEW YORK, NY 10001-7708 Villani Telam /20/07 via fax APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/30/2003 Tatsuyoshi Haga 03656/LH TITLE OF INVENTION: IMAGE PROCESSING APPARATUS AND DATA PROCESSING APPARATUS APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE

nonprovisional	NO	\$1400	\$300	\$0 12/21/2007	\$1700 NNGUYEN2 0000004	12/26/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
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1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12. "Fee Address" indicating PTO/SB/47; Rev 03-02 on Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNEE.	ence address (or Cha 2) attached on (or "Fee Address more recent) attack RESIDENCE DATA an assignee is ident 37 CFR 3.11. Com	" Indication form ed. Use of a Customer A TO BE PRINTED ON	(1) the names of up to or agents OR, alternative (2) the name of a singly registered attorney or a 2 registered patent attoristed, no name will be THE PATENT (print or type data will appear on the part of the p	e firm (having as a membugent) and the names of upmeys or agents. If no namprinted.	FRISHAU FRISHAU FRISHAU GOODMAN o is 3	9.00 OP F, HOLTZ, N & CHICK, P.C.
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